ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD
1740 W. ADAMS ST., SUITE 4600, PHOENIX, ARIZONA 85007
PHONE (602) 364-1PET (1738) FAX (602) 364-1039
VETBOARD.AZ.GOV

COMPLAINT INVESTIGATION FORM

If there is an issue with more than one veterinarian please file a separate Complaint Investigation Form for each veterinarian

PLEASE PRINT OR TYPE

FOR OFFICE USE ONLY

Date Received: DEC. 20, 2019 Case Number: 20-54

A. THIS COMPLAINT IS FILED AGAINST THE FOLLOWING:

Name of Veterinarian/CVT: JEANNINE KINNEY
Premise Name: OAK CREEK CLINIC
Premise Address: 5 PIÑON DRIVE
City: SEDONA State: AZ. Zip Code: 86336
Telephone: 928-282-1195

B. INFORMATION REGARDING THE INDIVIDUAL FILING COMPLAINT*:

Name: PAMELA JESS
Address: [redacted]
City: [redacted] State: [redacted] Zip Code: [redacted]
Home Telephone: [redacted] Cell Telephone: [redacted]
PLS. USE

**STATE LAW REQUIRES WE HAVE TO DISCLOSE YOUR NAME UNLESS WE CAN SHOW THAT DISCLOSURE WILL RESULT IN SUBSTANTIAL HARM TO YOU, SOMEONE ELSE OR THE PUBLIC PER A.R.S. § 41-1010. IF YOU HAVE REASON TO BELIEVE THAT SUBSTANTIAL HARM WILL RESULT IN DISCLOSURE OF YOUR NAME PLEASE PROVIDE COPIES OF RESTRAINING ORDERS OR OTHER DOCUMENTATION.*

RECEIVED
DEC 20 2019
BY:

C. PATIENT INFORMATION (1):

Name: KATEE

Breed/Species: BOXER

Age: 13yrs; 8 mos. Sex: F/S Color: FAWN + WHITE

PATIENT INFORMATION (2):

Name: _____

Breed/Species: _____

Age: _____ Sex: _____ Color: _____

D. VETERINARIANS WHO HAVE PROVIDED CARE TO THIS PET FOR THIS ISSUE:

Please provide the name, address and phone number for each veterinarian.

DR. JERRY OLER, D.V.M.
1220 S. EASTERN DRIVE
CORNVILLE, AZ 86325
928-634-1445

E. WITNESS INFORMATION:

Please provide the name, address and phone number of each witness that has direct knowledge regarding this case.

AMY OARD, [redacted]

AL KOSTA- [redacted]

Attestation of Person Requesting Investigation

By signing this form, I declare that the information contained herein is true and accurate to the best of my knowledge. Further, I authorize the release of any and all medical records or information necessary to complete the investigation of this case.

Signature: Pam Foss

Date: 12/6/19

F. ALLEGATIONS and/or CONCERNS:

Please provide all information that you feel is relevant to the complaint. This portion must be either typewritten or clearly printed in ink.

PLEASE REFER

to ATTACHED

4 pages - Typed.

Thank - You

The Murder of my Beloved dog Katee after a surgery done by Kinney a professed "Cancer dog" veterinarian in Sedona, AZ.

I have been walking my 2 boxers every day for at least a mile near my home their entire lives. Katee was close to being 14 years young in March of next year. Those walks stopped when I took her to Kinny for a growth removal surgery on her inside rear right leg.
She also wanted to remove an already emptied (at home) growth on her side, near waist.

On Nov. 11th I took Katee to see her to help with the decision to take inside leg growth off. Katee was acting great, eating and drinking great = healthy appearing dog. After a short conversation, she said she had a cancellation of a surgery the next day. We took it as I had TRUSTED her opinion and I trusted in her ability after she boasted about herself.
My friend Amy had recommended her - due to being a talented Vet. Tech and had worked at Kinny's hospital years ago.

On surgery day, I was told to pick Katee up at 4:00p.m. I was phoned by the Dr. and told that her chest Xray and bloodwork were perfect, like a puppy. Waited anxiously for 4:00...
I was there on time and waited in the room, finally Katee was brought into me, wobbly and crying, we waited another 15 minutes for the Dr. to come in to tell me how things went !!
After too much time and my dog was crying , I helped her into my car and got her settled, went back in to speak to dr. Waited a total of 50 minutes,

No Dr. I was sick of waiting, it was getting dark and raining and needed to get my girl home !!

I wrote a note at the desk asking her to call me as I could NOT wait for her any longer, gave it to her technician to deliver to her. TOTAL 50 min.

We were sent home with "Gabapentin" for pain 100mg. (2 caps BID) and Cefpodoxime 200 mg. for an antibiotic (1 pill per day).

I sadly trusted her, but was concerned about Gabapentin as I knew it to be a human drug for neurological issues !!! Not pain relief, but I was TRUSTING and never got to speak to her that evening.

1st night: I gave her meds with a small amount of her normal food. She was thrilled to be home. So was Sami her sister Boxer.

THURS. day after surgery: Kate acted OK, but there was a lot of blood oozing from the site on her leg, I put my boxer shorts on her and a tee shirt, but she had no interest in licking her wounds.

Still giving her meds as instructed.

FRIDAY: Katee was trying to be fine, but by then she had ingested 10 caps of the Gabapentin - she was not acting herself, barely able to negotiate out to the yard to potty.

SAT. A.M. - after 12 gabapentin caps, She was lying in her big bed - I asked her to get up and come with me to go outside, she gave me the saddest look,,,, she tried but couldn't get her back legs to help her stand up to walk. !!!

My friend Amy came over to help me lift her, 64 lbs. to make the trip outdoors. We had to make a make shift sling to help her back end up !!

We noticed her toes were buckling under her foot, she could NOT stand !!

Five days earlier she walked a mile with ME !!

Amy said " Something neurological is going on .. or a stroke ???"

I WAS VERY UPSET watching her decline so fast !!
I put a call into the vet, she told me to "make an appointment " I only had an update to report and get advice on, no intention to drive the 50 miles it is from our home to her office !! In addition, I was not into paying another $58 for an office visit after the $685 for the awful deadly surgery...
When she did call, she said to decrease Gabapentin by half. That's about all.

BY Sat. evening I had totally stopped giving her that gabapentin, hoping I could get her back, she never complained about pain after the first night home.

SUNDAY - Katee could not get up at all. I phoned my friend Al to come by and help me lift her....outside to pee. We ended up carrying her totally , she was so confused as to WHY can't I walk ?? Al couldn't believe her condition as he saw us of walking up our street on Tuesday earlier that week.
No luck outdoors , so Al and I got her back in my bedroom on her bed near mine.
The remainder of day I was by her side feeding her easy food and broth, rice and she wanted water mostly. I was praying the gabapentin would leave her system and bring her back to "normal" !!!
BY this time, she was paralyzed, could barely lift her head,
I sat with her for 12 hours just keeping her mouth wet with a syringe full of water every ten minutes or so. She didn't know why she was in such decline...?

SHE threw up 3 different times !! I cleaned all that and kept her as comfortable as possible.

On Sunday/Monday at 1:37a.m. after crying for 6 hours she Gasped her last Breath!!

MON. Nov. 25:

I had to call AL again to come over to help me lift her into my car to get her back to the vet. office.

The technicians came out to help me get us into a room.

Kinney finally made an appearance I asked how can my dearest dog be dead just 4 days after surgery? I thoroughly believe the gabapentin is totally responsible for her demise. I then asked for my money back, for a surgery that was meant to remove growth, not KILL her !!

Then the cremation fee was another $215.

Got home and called my normal Vet and asked if he could do an autopsy?

Spoke to his receptionist.

Last year this time Dr. Oler had removed 2 growths under Kate's armpit.

She was FINE afterward, the biggest difference was the Gabapentin !!

Kinny killed my dog, I'm missing her soo much.

I realize I can't get her back, but surely KNOW she didn't die from Cancer in 4 days.

I've phoned my Vet and asked what he'd send home for pain, it would have been tramadol and never Gabapentin. He barely prescribes it.

Pam Jess, 

Jeannine Kinney, DVM
Oak Creek Small Animal Clinic
5 Pinon Drive
Sedona, AZ 86336

Arizona State Veterinary Medical Examining Board
1740 W. Adams St.
Ste. 4600
Phoenix, AZ 85007
Re: #20-54

December 30, 2019

Dear Arizona Vet Board:

On November 19, 2019 I was presented a new patient, a 13 year-old spayed female boxer mix named Katee, owned by Pam Jess. Ms. Jess was seeking a second opinion for cancer. Katee had a very large and complicated soft tissue mass on her right thorax that the owner reported had been previously surgically removed but had recurred and grown very rapidly over time. We did not have records yet to find out more, but the owner did not know what kind of cancer Katee had. Her main reason for presenting, though, was that Katee had a new tumor on the inside of the right rear thigh that was also growing rapidly, was ulcerated and bleeding, and appeared close to rupturing. Pam felt that Katee's quality of life was excellent despite her cancer history and that euthanasia was definitely not in her near future. Therefore, although surgery wouldn't be something we would take lightly or wish to do at her stage of life electively, as long as we could determine that she was stable, we could likely solve the problem of the tumor that was likely to be a chronic problem by being ruptured, infected, bleeding or painful. We did discuss referral to a cancer or surgical specialist but this wasn't an option for the owner financially, although I did mention that if she recovered uneventfully we could perhaps get a surgical consult with a specialist regarding the extremely large malignancy on her right side. We discussed staging and owner allowed one preoperative thoracic radiograph only. Ms. Jess was very insistent that surgery happen immediately, in fact, she asked for it to happen right then. We explained that we could get her into the schedule the next day if her bloodwork and radiographs looked good. There was another open, crusted over, and infected wound on Katee's right flank that Ms. Jess said was a "cyst" that had recently ruptured and apparently been "expressed" of its contents at the other clinic, and that she (Ms. Jess) had been squeezing it at home as well. The next day when Katee checked in for surgery, we clipped the hair and crust away from the lesion and found it to be another ulcerated tumor like the one on Katee's inner thigh. Katee's labwork did indeed look very good overall for surgery and her one thoracic radiograph did not show any obvious lung metastasis. Ms. Jess declined histopathology despite my encouragement but I did call her the morning of surgery to let her know that this additional ruptured lesion was not just an infected cyst but likely another malignant tumor. I was suspicious of mast cell tumor. I felt that both bleeding masses should be excised. Since Ms. Jess was not going to allow histopathology I told her I was going to perform a fine needle biopsy of all 3 masses in question at my expense so that we could be guided surgically and prognostically and she consented. All three cytologies were consistent with mast cell tumor, mast cells have a very distinctive appearance cytologically, and they were everywhere.

Surgery went great with Katee. She did extremely well under anesthesia, we were able to work quickly, and she had a very normal recovery. I called Pam to let her know and when she could come to get her in the afternoon. Pam asked if she could see me at discharge and I let her know that we have the technical staff perform the discharge, that's why I call the owner after surgery, so that the doctors can see medical appointments all afternoon and that my schedule was very full, but that if she wanted to wait for me that was no problem. The afternoon did turn out to be very busy with a lot of sick and urgent cases and it was raining heavily and ultimately Ms. Jess elected to take Katee home instead of waiting, and her and I would talk the next day. I provided a lengthy article for the owner about mast cell cancer for her to read. She had asked for a copy of Katee's radiograph so I emailed her that when I finished seeing patients that evening (see emails and other staff narratives).

The next morning (11/21) I called Ms. Jess (from my home, actually, I was off that day) and she reported that Katee was doing as well as expected for one day post-op. She was eating and drinking and going outside to do potty and quiet. Ms. Jess actually said my surgery looked beautiful and then chastised me for not performing surgical discharges myself.

The next day (11/22) I talked with Ms. Jess again and she reported that Katee was doing well overall but that she did have some mild bleeding from the incision on the inside of the thigh. She said it wasn't a large quantity and that it happened when she was up and moving around. I explained that because that incision is in a very dynamically moving part of the body that activity could contribute to that happening. I told her to really force the rest with Katee and explained how she could apply ice therapy to the area if Katee would easily allow her to do so.

The next day, Saturday, (11/23) Ms. Jess called the clinic fairly soon after we opened to report that Katee was not using both of her back legs normally that morning, that they had to help her with a sling to get her outside for potty. It wasn't just the surgery leg, it was both legs. Pam described it as almost paralyzed but that she did respond to toe-pinching. We were already triaging several walk-ins and emergencies, and when the client service rep (Sabrina Bermudez) came to me reporting this I was concerned because this was new. I told Sabrina that I really felt Pam should bring Katee in for me to recheck her, that I was concerned and would work her into our schedule, but that I wouldn't actually be able to talk with her on the phone until later in the day. When Sabrina asked Pam to bring Katie in her exact words were, "What!? That's ridiculous! I'm not wasting my whole day driving all the way up there! Just have her call me!" When I called Ms. Jess it was still early afternoon and we still had time in the day to see Katee and I told her this. She told me that the incision had not bled since the day before, that Katee's gums were pink, that she had no respiratory effort or distress, but that her back legs were weak and wobbly. She was worried about Katee having had a stroke. I told her that this was possible, among other things, but that I really needed her to bring her in. She declined. Thinking that maybe she was just more sedated than expected on gabapentin, I told her that if she didn't seem painful she could reduce the dose by half and see if she improved. This was the very first time gabapentin ever came up in conversation with Ms. Jess, and I was the one to mention it. Her refusal to allow us to reevaluate left me thinking that she must really be OK.

The next day, Sunday, Ms. Jess left a message with our after-hours answering service. I attempted to call her twice over an approximate 2 hour period in the afternoon and did not reach her. Her voicemail said her inbox was full and a message could not be left. The service did not hear from Ms. Jess again that day and they record every call.

The next morning I was getting started with my procedures when Ms. Jess arrived with Katee's body, having died overnight. I was shocked. I ran into the room and Ms. Jess began angrily accusing me of having killed Katee with gabapentin, demanding her money back, demanding that I pay for a private cremation for her, etc. I am usually pretty calm and able to communicate in a healthy and respectful way even when clients are angry but I was unable to do this and became angry and impatient in return at what I felt was total ignorance on her part for not bringing Katee in when her condition changed. I wouldn't have even charged her for it until we could evaluate what was going on but we never got this far. I let Ms. Jess know that a post-mortem exam could be performed but due to her accusations it would not be me doing it, that we could send Katee's remains to the University of Arizona diagnostic laboratory at her expense. She declined and filled out the paperwork for cremation. Later in the day, feeling really bad about the whole situation, it was Thanksgiving week after all, I emailed Ms. Jess and let her know that I was genuinely sorry for her loss despite my frustration with her. Katee was a super sweet dog and we had truly enjoyed her and were trying to help her. The whole situation made all of us very sad, too.

There are lots of possibilities for what happened to Katee. Maybe she did have a stroke. Maybe she threw an embolus. Maybe she blew a disc in her diseased spine and it compressed her spinal cord. Or maybe her mast cell cancer spread to her spinal cord. Gabapentin? Not likely. First of all, gabapentin is hardly new or novel in its use for pain management. We use it in our practice in at least one patient every single day. It has an extremely wide safety margin, with doses anywhere between 3-30mg/kg body weight typically used depending on whether it's being used for pain or seizures. I could find 0 reports in the literature of any dog ever dying of an overdose, and, in the human literature even ingestion of up to 500mg/kg body weight was treated with supportive care. Katee was initially taking between 6-7mg/kg before her dosage was reduced by half. Obviously, there was something much more serious going on than just being sedated from her pain meds, but without assessing her there was nothing we could attempt to do about it. Numerous studies completed in the last ten years have found that tramadol is not actually very effective for pain so many current practitioners have moved away from it or hopefully at least been made more aware of this by continuing education. I have made a huge commitment to continuing education by receiving over 50 hours annually, the most recent pain management lecture series I attended was in 2018 and was taught by Victoria Lukasik, DVM, DACVA, a board-certified anesthesiologist. Gabapentin was discussed in this lecture at length.

The last time we heard from Ms. Jess was when she called our clinic and made threats against me to Sabrina Bermudez. At that point I was done trying to communicate with Ms. Jess so I did not call her back.

I am not a boastful clinician. My commitment to my patients is evident in the long hours I keep, the volume of patients I see every day, my standards of care, my ethics, my experience and my aforementioned obsession with continuing education. Ms. Jess is grieving, angry and responsible, cognitively unable to understand the science, and emotionally unable to be objective. Katee was treated with excellence by myself and my team. There is no violation in the Practice Act in this case.

Sincerely,

Jeannine Kinney, DVM

Jeannine Kinney, DVM

#3

DOUGLAS A. DUCEY
- GOVERNOR -

VICTORIA WHITMORE
- EXECUTIVE DIRECTOR -

ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD

1740 W. ADAMS STREET, STE. 4600, PHOENIX, ARIZONA 85007
PHONE (602) 364-1-PET (1738) • FAX (602) 364-1039
VETBOARD.AZ.GOV

INVESTIGATIVE COMMITTEE REPORT

TO: Arizona State Veterinary Medical Examining Board

FROM: PM Investigative Committee: Adam Almaraz - Chair
Amrit Rai, DVM
Cameron Dow, DVM
William Hamilton
Brian Sidaway, DVM

STAFF PRESENT: Tracy A. Riendeau, CVT – Investigations
Dawn Halbrook, Compliance Specialist
Mary D. Williams, Assistant Attorney General

RE: Case: 20-54
Complainant(s): Pamela Jess
Respondent(s): Jeannie Kinney, DVM (License: 3646)

SUMMARY:
Complaint Received at Board Office: 12/20/19
Committee Discussion: 2/4/20
Board IIR: 3/18/20

APPLICABLE STATUTES AND RULES:
Laws as Amended August 2018 (Lime Green); Rules as Revised September 2013 (Yellow)

On November 19, 2019 (Tuesday), "Katee," a 14-year-old female Boxer was presented to Respondent for a second opinion regarding a recurring cancerous mass. Complainant requested removal of the mass be removed soon, therefore surgery was scheduled for the following day, with blood work and thoracic radiographs prior.

The next day, the dog presented for diagnostics and surgery; the dog was deemed a surgical candidate. Respondent called Complainant to advise her of an additional ulcerated mass that should be removed. Complainant agreed to the removal but declined histopathology. Respondent did perform a fine needle aspirate of the masses and cytologies were consistent with mast cell tumors. Surgery was performed and the dog was discharged with gabapentin and an antibiotic.

The dog did well initially, but then began to decline; she was not able to walk and needed assistance getting outside. Respondent recommended the dog been seen; Complainant declined.

On November 24, 2019, the dog passed away.

Complainant was noticed and appeared.
Respondent was noticed and appeared telephonically. Attorney David Stoll was present.

The Committee reviewed medical records, testimony, and other documentation as described below:

- Complainant(s) narrative: *Pamela Jess*
- Respondent(s) narrative/medical record: *Jeannie Kinney, DVM*
- Consulting Veterinarian(s) narrative/medical records: *Jerry Oler, DVM*
- Witness(es) statement(s): *Complainant's friend, Amy Oard and Al Kosta; Respondent's Staff.*

PROPOSED 'FINDINGS of FACT':

1. November 12, 2019, the dog was presented to Dr. Oler at Cornville Pet Clinic and recurrent dermal masses were noted on the right axilla and right flank. Removal versus quality of life was discussed. Tramadol was refilled and the dog was discharged.

2. On November 19, 2019, the dog was presented to Respondent for a second opinion. Dr. Oler at Cornville Pet Clinic diagnosed the dog with cancer, according to Complainant. A mass was removed two years ago, no histopath was done, and shortly after six more masses grew back in the same area. Complainant wanted a second opinion about the tumors. The dog was currently on tramadol and meloxicam for arthritis.

3. Upon exam, the dog had a weight = 63 pounds, a temperature = 101.1 degrees, a heart rate = 90bpm and a respiration rate = pant. Recurring mass on right thorax caudal to axilla; new tumor medial right thigh that is ulcerated and growing, various other multifocal skin tumors present. Respondent's assessment was that the dog was stable with multiple masses, with at least two malignancies. Complainant was advised that the thigh mass should be excised while it can still be easily resected due to size. Respondent would like to perform needle biopsies of concerning masses, thoracic radiographs and possibly refer to specialist for evaluation of right recurrent thoracic tumor. An estimate was provided to Complainant; she approved one pre-operative thoracic radiograph and the surgery was scheduled for the following day.

4. November 20, 2019, the dog was presented to Respondent for pre-anesthetic diagnostics and mass removals. Upon exam, the dog had a weight = 62.6 pounds, a temperature = 101.7 degrees, a heart rate = 90bpm and a respiration rate = pant. Blood work revealed mild anemia (RBC – 5.64; HCT – 36.7; Lymphs – 0.99; Eos – 0.04; PLT – 554) and the lateral thoracic radiograph did not show any obvious lung metastasis. Respondent contacted Complainant to advise that another ruptured lesion was likely another malignant tumor and felt that both bleeding masses should be removed. Complainant had thought this lesion was an infected cyst. Complainant declined histopathology, therefore Respondent told Complainant that she was going to perform a fine needle biopsy of the masses in question at Respondent's expense; all cytologies were consistent with mast cell tumor.

5. IV catheter was placed and the dog was pre-medicated with Cerenia IV and buprenorphine SQ; induced with alfaxan IV; and maintained on isoflurane and oxygen. Masses on the right pelvic limb and lateral right side just caudal to the last rib were clipped and prepped for removal. The masses were removed; the dog was administered diphenhydramine IM, cefazolin IV, and meloxicam SQ, and recovered uneventfully.

6. Respondent called Complainant to give an update on the dog and let her know when she could pick up the dog that afternoon. Complainant stated that she wanted to speak with Respondent when she came to pick up the dog. Respondent relayed that technical staff would discharge the dog as she would be busy with appointments in the afternoon which is why she called Complainant after surgery. However, Complainant could wait for Respondent to speak with between appointments. Respondent had a heavy case load that afternoon and was unable to speak with Complainant, therefore Complainant took the dog home after waiting for some time to speak with Respondent. Respondent stated that she sent home literature on mast cell tumors with Complainant and later emailed her a copy of the dog's thoracic radiograph per Complainants request when she finished appointments.

7. On November 21, 2019, Respondent checked on the dog and Complainant reported that the dog was doing well as expected for one day post-op.

8. On November 22, 2019, Respondent contacted Complainant to get an update on the dog. Complainant relayed that the dog was doing well but did have some mild bleeding from the incision on the inside of the thigh which occurred when the dog moved around. Respondent felt it was due to the location and emphasized the importance of rest; Complainant could apply ice therapy if the dog would allow it.

9. On November 23, 2019 (Saturday), Complainant called Respondent's premsies reporting that the dog could not use her back legs normally and she had to be helped outside with a sling. Complainant described it as almost paralyzed but the dog responded to toe-pinching. Although very busy, Respondent felt the dog should be seen and would work Complainant into the schedule. Respondent would not be able to speak with Complainant on the phone until later in the day. When staff relayed what Respondent said, she declined bringing the dog in as she did not want to waste her day driving to the premises and just wanted Respondent to call her.

10. Later that day, Respondent called Complainant in early afternoon while there was still time for Complainant to bring the dog in to be evaluated. Complainant reported that the dog was fine except for her back legs being weak and wobbly. Complainant was worried about the dog having had a stroke – Respondent felt that it was possible, among other things, but Complainant really needed to bring the dog in; Complainant again declined. Respondent felt the dog could just be more sedated than expected on the gabapentin therefore advised Complainant to cut the dose in half, if the dog did not appear painful. Due to Complainant refusing to bring the dog in for evaluation, Respondent did not feel the dog could have been that ill.

11. The next day, Complainant left a message with Respondent's after hour service. Respondent attempted to call her twice over a two hour period in the afternoon and could not reach Complainant; Complainant's voice mail box was full and Respondent could not leave a message.

12. Complainant reported that the dog passed away in the early morning.

13. On November 25, 2019, Complainant had her friend help her get the dog's remains in the car so she could bring the body to Respondent. Complainant was convinced the gabapentin

caused the dog's demise and demanded her money back. Respondent offered to have a necropsy performed on the dog through a university; Complainant declined. According to Complainant, she was not offered a necropsy.

COMMITTEE DISCUSSION:

The Committee discussed that the main reason for the complaint was the gabapentin. In retrospect it would have been nice to have a necropsy to see if there was another cause of death, however without that, there is only speculation on why the dog died. The Committee felt it was unlikely the gabapentin was responsible for the dog's death.

Gabapentin could possibly cause weakness and extra sedation in an older dog. The Committee discussed that they would not send a dog home without pain medication after a surgery; there are other options besides gabapentin for pain management and each veterinarian has one they prefer over another. Gabapentin is a mainstream choice for post op pain management and was a reasonable choice in this case. The dosage was also appropriate.

The Committee did not feel there was evidence to support gabapentin was the cause of the dog's death. It's a safe drug and can be given at high doses without any side effects, other than sedation.

The dog likely had mast cell tumors which are known to metastasize, cause blood clotting problems, embolisms and other issues. The dog did not have a neurological exam after she began having problems therefore it is difficult to identify what the exact cause of death was.

However, with mast cell tumors, the one that you see is typically the tip of the iceberg. Degranulation syndrome of the mast cell tumor was likely the cause of death of the dog. Respondent possibly could have stopped the progression if Complainant would have presented the dog for a recheck exam when she started showing signs.

The Committee further discussed the gabapentin could have created stasis with the dog, which increased the risk for having a clot based off of the immobility of the hind legs. Hind leg weakness can be a side effect of gabapentin and in a geriatric patient, the side effects could be more intense, but with the presence of mast cell tumors, anything is possible.

Gabapentin was used appropriately in this case and if it was the cause the death of dog due to an atypical side effect, it still would not be the fault of Respondent.

COMMITTEE'S PROPOSED CONCLUSIONS of LAW:

The Committee concluded that no violations of the *Veterinary Practice Act* occurred.

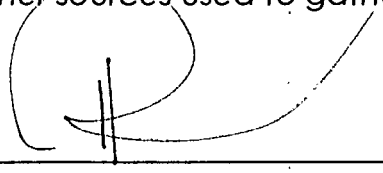
COMMITTEE'S RECOMMENDED DISPOSITION:

Motion: It was moved and seconded the Board:

Dismiss this issue with no violation.

Vote: The motion was approved with a vote of 5 to 0.

The information contained in this report was obtained from the case file, which includes the complaint, the respondent's response, any consulting veterinarian or witness input, and any other sources used to gather information for the investigation.



Tracy A. Riendeau, CVT
Investigative Division